

**Invoice**

Company	Invoice No	Date	Page
42	24040358	15-Nov-2002	1 of 1

Bill To: Professional Software of IL-Larry Eyer  
 5155 West 111 th. Street  
 Alsip IL 60803  
 USA

Ship To: Professional Software of IL-Larry Eyer  
 5156 West 111 th. Street  
 Alsip IL 60803  
 USA

(800) 783-8336

(800) 783-8330

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date		
1 SD21	Professional Software of IL-Larry Eyer	Gonzales, Laura	USD	NET 30	05-Dec-2002		
No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1 40.8WRS00003	SoftDent 4-6 users with charting	Yes	1	1.00	3,777.00	0	3,777.00
2 40.D18C.SW	Discount - Software	Yes	1	1.00	-600.00	0	-600.00
3 5000.10	Update Subscription - 1 yr	Yes	1	1.00	849.00	0	849.00

Page Total  3,717.00

Subtotal	<input type="text"/> 3,717.00
Sales Tax	<input type="text"/> 0.00
Invoice Total	<input type="text"/> 3,717.00

Payment Due Date

Printed by PRACTICWORKS

3,717.00



24051010

15/2003



311 International Circle  
Hunt Valley, MD 21030  
800-438-2400

Invoice Date	Customer Code	Customer Name	Ref Number	Inv Terms	Due Date
12/16/2002	SD21	Professional Software of IL-Larry Eyer	GONZALES	NET 20	42

PROFESSIONAL SOFTWARE OF IL-LARRY EYER  
6155 WEST 111 TH. STREET  
ALSTP IL 60803-6021

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Questions?  
Contact our Customer Care Department  
Phone 800-800-9511  
E-mail [customerservice@practiceworks.com](mailto:customerservice@practiceworks.com)

Line	Shipto	Description	Quantity	Unit Price	Tax Code	Unit	Rate Per Unit	Wht%	Extended
1	40-SWRSD000	SoftDent Upgrade to 8-10 users	"	"	A1	1.00	\$00.00	0.00	\$00.00

  

Total Amount	0.00	Amount Paid	600.00	Amount Due	0.00
\$00.00					

Method	Invoice Number	Invoice Date	Inv Term	Customer Code	Amount Due
	24051010	12/16/02	NET 20	SD21	0.00

PROFESSIONAL SOFTWARE OF IL-LARRY  
6155 WEST 111 TH. STREET

ALSTP IL 60803

Billing To

SoftDent LLC  
P. O. Box 116314  
Atlanta GA 30308-0314

#### Credit Card Payment Information

Complete the authorization information below and fax to 1-800-240-2825

Card #  Exp

Name as it appears on card

Choose payment option:

- I authorize a one-time payment of \$ \_\_\_\_\_
- I authorize a recurring monthly payment of \$ \_\_\_\_\_

Comments/Signature